

Membership Application

Please provide the following information and return to us along with your dog(s)' current vaccination records. Thanks!

Owner Information

Name (s) _____

Date _____

Address _____ City _____ State _____
Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ May we send you emails? Yes No

Who else is authorized to drop-off/ pick-up your dog(s)?

Emergency Contact _____
Phone _____

How did you hear about us? Yelp, Google, Facebook , Word of mouth _____

Dog(s) Information Vet Contact _____

1st Dog 2nd Dog

Name _____ Name _____

Age _____ Age _____

Breed _____ Breed _____

Sex _____ Sex _____

Spayed/Neutered? _____ Spayed/Neutered? _____

Flea/Tick Prevention? _____ Flea/Tick Prevention? _____

Additional Information

1. Please describe your dog(s) medical history and any current medical issues as well as any medications (dosages and instructions)

2. What food does your dog(s) eat? (include feeding instructions, number times per day, amount, etc.)

3. Has your dog ever bitten another dog or person?

4. Please tell us any additional information we should know about your dog(s): _____

All of the above information I provided is true to the extent of my knowledge:

Signature _____ **Date** _____

PalisadesPups, LLC Membership Waiver The terms of this form applies to all dogs listed and any future dogs I might bring to PalisadesPups LLC Membership Waiver The terms of this form applies to all dogs listed and any future dogs I might bring to PalisadesPups, LLC Dogs playing, lodging, or exercising are at risk for injury (such as bites, fractures, etc.) or illness (such as kennel cough, influenza, etc.). I will be responsible for any costs involved in any medical treatment of my pet for any injury or illness that occurs while at PalisadesPups. I acknowledge that there are inherent risks associated with socializing during lodging, daycare, spa appointments and outdoor exercise, and I release PalisadesPups from liability if any injury or illness occurs to my dog(s) during the aforementioned activities, whether they be at the hands of PalisadesPups employees or any other dog(s) or clients of PalisadesPups. I agree that PalisadesPups shall not be responsible for injuries or illnesses to myself, my dogs, my invitees, other patrons or their dog(s) who may be injured by my dog(s) or my acts or omission, or the acts and omissions of my invitees, and shall release PalisadesPups from any costs, damages, claims or expenses that shall result there from. I understand that PalisadesPups is not subject to any 3rd party liability or other indemnification actions. I understand that my dog(s) will be taken outside of the building for walks during the day & that any dog(s) not picked up by the end of business day will be boarded overnight at additional costs.

Please Initial

I authorize PalisadesPups to contact my veterinarian in order to obtain my dog(s) medical records and vaccinations for their records. I understand if my dog(s) vaccinations are expired, PalisadesPups has the right to turn down it services until I update my dog(s) vaccinations and my veterinarian confirms my dog(s) health is up to date with PalisadesPups standards. I understand that it is my responsibility to update my dog(s) vaccinations and maintain my dog(s) overall good health.

Please Initial

If, in my absence, my dog sustains an injury or develops some other medical problem while at PalisadesPups, I agree to allow the owner/manager to initiate immediate care as needed to treat my dog(s). I agree to pay for any veterinary services involved in treatment of any medical problems that occur while my dog is at PalisadesPups. I authorize PalisadesPups to contact my vet to confirm health, temperament or vaccinations. I agree that if it is determined that a health requirement is not met prior to arrival at PalisadesPups, then PalisadesPups has the right to turn away service until my dog's medical records are up to date. If my dog(s) show signs of a contagious illness while at PalisadesPups, I may be asked to pick up my dog ASAP and/or my dog(s) may need to be quarantined for the remainder of his/her stay. If this occurs, I understand

full payment for scheduled services will still be required of me.

Please Initial

I authorize PalisadesPups to maintain my credit card number on file and charge purchases made and/ or services rendered against the card at the prices in effect at the time of the transaction. Cancellations for boarding must be made 24 hours prior to reservation date. All charges are final when made. Should my credit card charges be declined or any other unpaid charges remain unpaid, PalisadesPups reserves the right to assess a finance charge of 15%.

Please Initial _____

I understand that PalisadesPups reserves the right to refuse use of PalisadesPups' facilities for dogs who, in PalisadesPups sole determination, act aggressively, are undisciplined, show evidence of inappropriate behavior, appear ill or unfit, or who may otherwise be a danger to themselves or other dogs or staff members.

Please Initial

OPTIONAL: I authorize PalisadesPups to take photographs of my dog(s) during their stay to be used exclusively for PalisadesPups marketing materials (ex: brochures, website, etc.) I understand that PalisadesPups has the rights to these photographs taken for said purposes.

_____ **Yes**, I consent to PalisadesPups taking photographs of my dog(s) during their stay.

_____ **No**, please leave my dog(s) out of PalisadesPups marketing materials.

Please Initial

I agree to the above terms and conditions. I certify that I am the owner of the dog(s) listed above and that I am authorized to sign this form.

Signature _____ **Date** _____

Please Initial
